

Interagency Intercept Transmittal

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New Process Year Accounts

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Modification Request

Agency/college name _____ Agency code _____ Process year **2007**

Address _____

City _____ Zip code _____

Person to contact for technical information:

Name _____

Address _____ Phone (____) _____

City _____ Zip code _____

Person we return the cartridge to: (Note: disks/CDs require a written request to be returned)

Name _____

Address _____

City _____ Zip code _____

Cartridge description:

Block size: _____ Internal label: yes no Coding: EBCDIC ASCII

Disk/CD description:

File name: _____ System type: _____

Total number of records: _____ Creation date: _____

Mail your media file and transmittal notice to either address below, unless using Time Sharing Option:

(For regular mail)

ATTN DATA EXCHANGE UNIT AGY
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-6090

(For express mail)

SERVICE AND SUPPLY
ATTN DATA EXCHANGE UNIT AGY
FRANCHISE TAX BOARD
9646 BUTTERFIELD WAY
SACRAMENTO CA 95827-1501